

Total Child Full Day Preschool 2008 - 2009

Please complete all sections of this application: personal information, class registration and registration fee statement

Personal Information – Please print

Child's Name _____ Date of Birth _____ Sex _____

Parent's Name _____ Parent's Name _____

Street Address _____ City _____ Zip _____

Phones: Home _____ Work _____ Work _____

Name of University if full-time student _____ Expected date of graduation _____

Where did you hear about Total Child? _____

Class Registration

Full day program open 7:30 – 6:00 PM

Options available:

_____ Full day 2's (child must be 2 years upon entry)

_____ Full day 3's (child must be 3 years upon entry)

_____ Full day 4's (child must be 4 years upon entry)

Class offerings are dependent on enrollment

Registration Fee Statement

___ I am enclosing the \$50 non-refundable registration fee.

Signature _____

Date _____

Office Use only

First Day _____

Last day _____